

Case Number:	CM13-0056501		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2012
Decision Date:	03/24/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 70 year old male with a date of injury of May 13, 2012. The patient has an accepted injury to the left hand. The mechanism of injury occurred when the patient's left hand was struck by a door while pulling a card through the doorway which was closed. Immediately the patient had 10 out of 10 pain. The patient has been using ice, heat, and radiographs were recently negative. The patient now experiences two out of 10 level of pain. There is tenderness to palpation in the door some of the left hand and painful range of motion. The disputed issue is a request for Voltaren gel. A utilization review determination specified that nonsteroidal anti-inflammatory drugs topically are only indicated for short-term treatment of 4 to 12 weeks. Therefore modification of the request to allowing Voltaren gel without refills was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Voltaren gel 100 gm (with x2RF): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: In the case of this injured worker, there is documentation that the Voltaren gel is part of a pain management regimen that is helping the patient. This has been used as early as May 2013. The requesting healthcare provider cites appropriate guidelines regarding Voltaren gel. However, there are additional guidelines regarding the timing of usage of topical NSAIDs. The guidelines state that topical NSAIDs are intended for short-term use. Therefore, the decision by the utilization reviewer is upheld.